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PTO/SB/21 (07-66)

Approved for use through 09/30/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/650,086
	Filing Date	August 26, 2003
	First Named Inventor	James F. Bredt
	Art Unit	1714
	Examiner Name	C. E. Shosho
Total Number of Pages in This Submission	Attorney Docket Number	ZCO-107CP2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Return receipt postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GOODWIN PROCTER LLP		
Signature			
Printed name	Natasha C. Us		
Date	September 26, 2006	Reg. No.	44,381



PTO/SB/17 (07-06)

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/650,086
		Filing Date	August 26, 2003
		First Named Inventor	James F. Bredt
		Examiner Name	C. E. Shosho
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1714
TOTAL AMOUNT OF PAYMENT	(\$) 130.00	Attorney Docket No.	ZCO-107CP2

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: 07-1700		Deposit Account Name: Goodwin Procter LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ - 20 = _____	x _____	=	0.00	Fee (\$) _____ Fee Paid (\$) _____
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
_____ - 3 = _____	x _____	=	0.00	
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer	130.00

SUBMITTED BY

Signature	<i>Natasha C. Us</i>	Registration No. (Attorney/Agent)	44,381	Telephone	(617) 570-1806
Name (Print/Type)	Natasha C. Us	Date	September 26, 2006		



PATENT
Attorney Docket No. ZCO-107CP2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Bredt *et al.* CONFIRMATION NO. 5896
SERIAL NO.: 10/650,086 GROUP NO.: 1714
FILING DATE: August 26, 2003 EXAMINER: Callie E. Shosho
TITLE: THREE DIMENSIONAL PRINTING MATERIAL SYSTEM AND
METHOD

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 26th day of September, 2006.


Linda M. Penta

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Amendment and Response to Final Office Action (15 pgs.);
4. Terminal Disclaimer (2 pgs.);
5. Check in the amount of \$130.00; and
6. a return receipt postcard.